Number of IAF Aircraft crashed

734. SHRI PRAMOD MAHAJAN: Will the Minister of DEFENCE be pleased to state;

(a) the number of IAF Aircraft which crashed during 1989 till date;

(b) what is the number of lives lost; and

(c) what steps Government are taking to prevent this increasing trend of crashing of Defence Aircrafts?

THE MINISTER OF STATE IN THE DEPARTMENT OF DEFENCE (PRODUCTION AND SUFPLIES IN THE MINISTRY OF DEFENCE (SHRI CHITAMANI PANIGRAHI): (a) and (b) It would not be in public interest to disclose this information.

(c) There hag been no increasing trend in the number of accidents involving IAF aircraft. Each accident is thoroughly investigated by a Court of Inquiry comprising specialists from the IAF, Ministry of Defence and the manufacturers. Besides, whenever a particular trend or a week area is noticed, special studies ae conducted to carry out in depth analysis. Based on the recommendations made by the Court of Inquiry, necessary follow-up action, wherever Called for, is taken.

Psychotherapeutic drugs

735. SHRI DHARANIDHAR BASU-MATARI; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that Kelkar Committee had sought the advice of his ministry in regard to Psychothe rapeutic drugs;

(b) if so, when and what are the points raised by (Kelkar Committee in this regard;

(c) what are the names of drugs being marketed in the country as Psychotherapeutic drugs;

(d) the number of these drugs being imported in the country and what was the import of each during last three years, year-wise alongwith CIF value of each during each year; and

(e) what are the details of advice given on these drugs *ond* what are the grounds on which such advice was based?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) No, Sir.

(b) Does not arise.

(c) Drugs "sed for a symptomatic relief of Psychosomatic disease may-keted in the country include Chlor-diazepoxdde, Chlorpromazine), Diazepam, Lorazepam, Promazine, Thioridazine, Trifluoperazine, Amitriphy-line, Haloperiodol, Imipramine, Nor-triphyline and Trimipramine etc.

(d) Information available with this Ministry is given at Annexure *[See* Appendix CL, Annexure No. 36].

(e) Advice was not rendered on individual drugs by the Ministry of Health and F.W. The Ministry of Health and F.W had requested the Deptt of Chemicals & Petrochemicals to consider the exclusion of Diazepam and other transquillisers. The request was based on the opinion of the Director General of Health Services tha* Psychosomatic disease are not so much prevalent in the country and therefore drugs for symptomatic rel *ief* of the Psychosomatic disease may not be a priority from the price control angle.

Import of Amitriptyline

736. SHRI DHARANIDHAR BASU-MATARI; Will the Minister of HEA-LTH AND FAMILY WELFARE be pleased to state:

(a) whether Amitriptyline is being imported in the country; if so, the quantity imported during the last three years, year-wise, the average CIF price and source of import during

each of the last three years and the names of parties who imported the drug during the same period;

(b) what is the indication for which this drug was cleared for marketing and the names of five leading brands under which the drug is being marketed in the country;

(c) whether it is a fact that his Ministry has treated this drug to be non-essential;

(d) if so, what is the criteria adopted by his Ministry;

(e) whether it is also a fact that his Ministry has prepared a list of non-essential drugs; and

(f) if so, what are the names of those drugs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) Information available with this Miinstry regarding import of Amitriptyline during the years 1985-86, 1986-87 and. 1987-88 is given in the enclosed statement *(See* below)

(b) Amitriptyline is used for management of depression. Five popular brand names are Amiline, Amitrol, Quietal, Tryptamol and Tripetel.

(c) to (f) Ministry of Health and Family Welfare has not niade any list of non-essential drugs nor has it labelled any drug non-essential.

Statement

Year	Quantity in kgs.	Average C.I.F. price per kg.
1985-86 . . .	"2,185	956.85
1986-87 . . •	2,600	933.00
1987-88 -	3.061	845.15

Adoption of good manufacturing practice by Drug companies

737. SHRI DHARANIDHAR, BASUMATARI; Will the Minister ol **HEA-**LTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that good manufacturing practice has been made obligatory for the drug manufacturing companies;

(b) if so, since when;

(c) what steps have been taken to get this implemented and by when all the units will adopt GMP;

(d) whether it is a fact that Government have made a policy to give 10 per cent extra conversion cost to Units which are found adopting GMP;

(e) whether it is also a fact that all small scale units, irrespective of annual turn over are exempted from price control, and that high "percentage of medicines are out of pries control;

(f) if so, what is the purpose of such incentive and on what basis such incentive has been announced; and

(g) by when all the units would . be inspected from the GMP angle?

THE MINISTER OF STATE'IN THE MINISTRY OF HEALTH AND FAMILY WELFARE(KUMARI-SAROJ KHAPARDE): (a) to (e) Good Manufacturing Practices have been made ob'igatory vide Gazette. Notification CSR No. 735 (H), dated 24-6-88. As per this notification these rules shall come into force on the date of their publication in Official Gazette i.e. 24-6-1988. All State Drugs Controllers have been advised to ensure implementation of these rules.

(d) to (f) An Order bearing S.O No. 130(E), dated 17th February 1989, *inter alia* provides that the .Government may grant extra conversion - cost at the rate of 10 per cent of the above norms to a manufacturer having manufacturing practices more than the standards prescribed under Drugs and Cosmetics Act, 1940 and the rules made there under and under